in tot ato anorthy Alaskoud Called are finded.

PAT	NY APPLICATION	or of borkups or are snown	espond to a collection of the	Ademark Office: U.S. C	Ugh 7/8 (12006, OMB 066
	- Substitute	CES DETERMIN	espond to a collection of Info ATION RECORD	Angles	IAS & Asily Oving Object of Mark
	CLAIMS AS FILED -I	10-078		1.40.000	w in Dacket Hampel
	(Column 1)				
FOR		(Column 2)	8MALL EN	MITY OR	OTHER THAN
BASIC FEE	NUMBER FILED	HUMBER EXTRA	FATE		SMALL ENTITY
TOTAL CLAIMS			- MIE	FEE	PATE
(37 CFR 1.16(c))	minus 20 =	1.		OR	FEI
INDEPENDENT CLAIMS (37 OFR 1.16(b))		 	X1	· 7 1	
	minus 3 =		X 1 =	OR	X \$
MULTIPLE DEPENDENT		'R 1.16(d))		OR	X 1 c
* If the difference in colur	nn 1 Is less than zero, enter "	29.6	 		+1 =
			TOTAL		
CLA	MS AS AMENDED - PA	ART II		OR .	TOTAL
	Column 1).				
M I I	CLAIMS T	Column 2) (Column :	SMALL ENT	ry Or	OTHER THAN
	AFTER	UMAFA luqueequ	Turk to the same of the same o		SMALL ENTITY
Total AM	ENDMENT PA	VIOUSLY EXTRA	PATE "- NA	NAL W.E	HATE ADDI-
Total Control 1.18(c) Control 1.18(c) Control 1.18(c)	Minus "	20 =	F	EE	THONAL
	Minus ***	2 = 1	x1.25.	OR X	50 FEE
FIRST PRESENTATION	06 1/4 704 5 -	2/_	x s(00=		-
	OF MULTIPLE DEPENDENT CLA	IM (37 CFR 1.16(d))	+1/80=		200: 200.00
			TOTAL	-	360
(00)	umn 1)	lumn 2) (Column 3)	ADD'L FEE	OR ADD	L FEE Daid
	AINING HICH	EST. I	1		gua
7 A	TER PREVI	BER PRESENT. OUSLY EXTRA	RATE ADD		217
CH CHR (.16(c))	Minus PAID	FOR	TION	u R	ADDI-
Independent (1) (3) CFR (.16())	Minus 11	=	X1 -5		TIONAL.
<u> </u>		=	3	OR X.s.	_=.
FIRST, PRESENTATION OF	MULTIPLE DEPENDENT CLAIM	·G3C50 4.40(1)	X1	OR X \$_	=
••		towart etalolt	Alan re reserve	RA CONTRACTOR CONTRACTOR	Circurator Comment
			TOTAL ADD'L FEE	TOTAL	==-
(Colum	in 1) (Colum	in 2)(Qalumn 3)		OR ADD'L	
CLA REMA	MING HIGHE	ST	<u></u>	- <u> </u>	
AFT AMENO	PREVIOU	ISLY FYTRA	RATE ADDI-	RATI	
(3) CFR 1/Je(cl)	MENT PAID FO	OR =:	TIONAL	1 1 1	ADDI- TIONAL
Total AMEND Total GIOFR 1/ICCII Independent GIOFR 1/ICCII	Minus ***		X \$	7 -	FEE
FIGURE		. =	X1_ =	OR . X 1 "	=
HHST PRESENTATION OF L	UCTIPLE DEPENDENT CLAIM (37 CFR 1.16(41)		OR X1	:=
• •			+1 =	OR +	
If the entry in column 1 is i	ess than the entry in column 2 Yously Pald For IN THIS SP	1	TOTAL ADD'L FEE	TOTAL	-
Il the Highest Number Pre	ess than the entry in column 2 Mously Paid For IN THIS SPA Mously Paid For IN THIS SPA Dusly Paid For (Total or Indep	Wille 10° ki column 3.	· · · · · · · · · · · · · · · · · · ·	1 OK ADDITE	€
The Hinhael Number	rously Paid For IN THIS SPA Dusly Paid For Total or Indep guired by 37 CFR 1.16. The Contigornally is poverned by	CE to take the all ZV, BOK	Br 20",		

The Highest Humber Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an appropriate box in Confidentiality is poverned by 35 U.S.C. 122 and 37 CFR 1.13. This confection is a summarized in take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.